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APRIL, 1906

THE

D. MACLEAN, M. D., EDITOR

PUBLISHED MONTHLY

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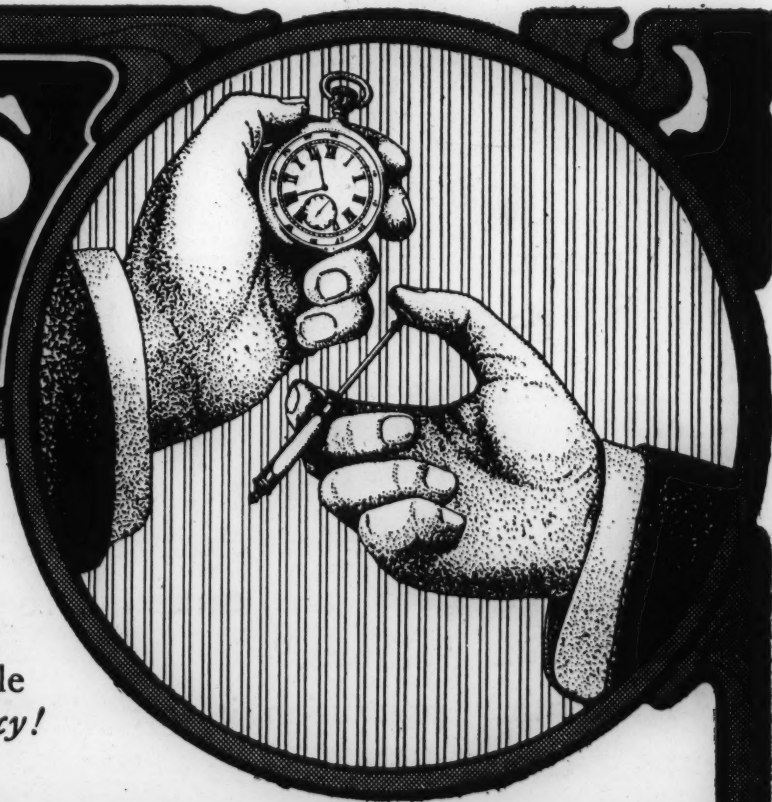
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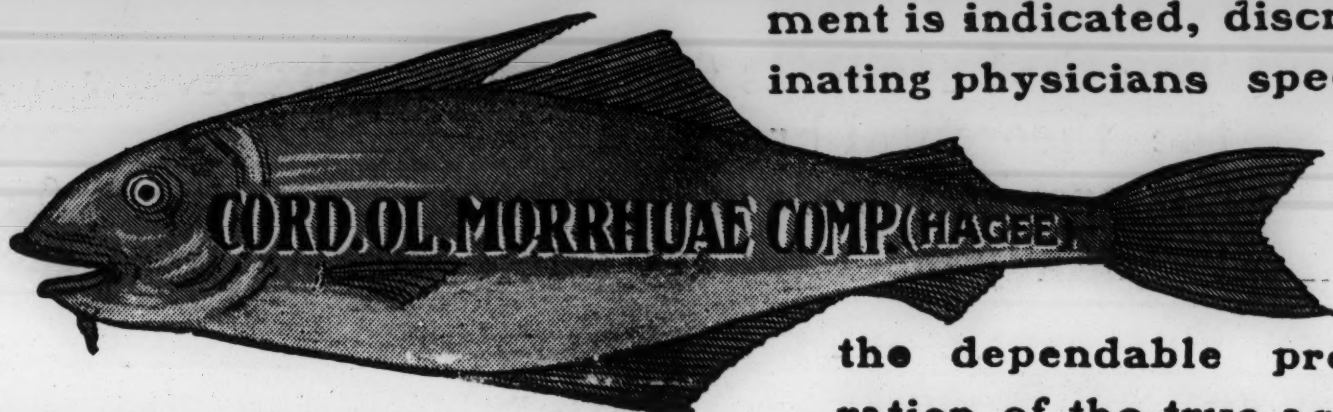
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Contents.

ORIGINAL AND SELECTED

	PAGE
THE CIRCULATION.....	F. G. De Stone, M. D. 85
ECLECTICISM IN CALIFORNIA.....	W. W. Wimer, M. D. 88
LEPROSY, ITS CAUSES, PREVENTION AND CURE..	Theo. Judson Higgins. 91
DIAGNOSIS.....	A. B. Nelson, M. D. 93
LOSS OF BLOOD IN CONFINEMENT.....	D. Maclean, M. D. 93
BLOOD EXAMINATION.....	John E. Jennings, M. D. 94
SHALL WE MERGE.....	H. B. Crocker, M. D. 99
EDITORIAL.....	101
EDITORIAL NOTES.....	103



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No. 4.

The Circulation.

F. G. DE STONE, M. D.

(From a series of lectures delivered by the author.)

AS I opened my physiology today to look over the subject of this lecture, the first thing that my eyes fell upon, was the laughable play on words, on the part of a so-called scientist to explain that subject which is of the greatest moment to us, namely, the cause of the circulation, but to know the cause we must know the cause of life.

This is the great physiologist's conclusion, extracted from Landois: "The cause of the circulation is the difference in pressure between the blood in the aorta or pulmonary arteries on the one hand, and vena cavæ and four pulmonary veins on the other. The blood of course moves continually towards the least resistance, the greater the difference of pressure the quicker the movement."

Is not this about as clear as mud?

What made the difference in pressure? Why did he not say in the first place that he did not know, and begin with the statement, that we know the blood circulates, but what causes it to do so remains a closed book.

Dr. Schmitz has advanced a more rational theory, though it does not explain; but he goes farther and admits that the question must remain unanswered unless it be admitted that there is a principle called the soul.

He says: "The primary cause of every normal activity must be through sensation. To illustrate: a child on being born, comes in contact with the cold air, the shock to the sensory organs of the skin causes an impulse to be sent to the brain, and reflexly the stimulus thus set up causes a gasping for breath, this taking of air sets in motion the exchange of gases in the lungs,

whereby carbonic acid is given off, and oxygen taken in (and electricity) the CO_2 from this time on constituting the stimulus that keeps motion perpetual in the body till death."

This theory of the circulation is very attractive when we know that he only wishes to establish a working basis for the understanding of the effect of a prior psychic cause.

He claims that the giving off of carbon dioxide from any cell or organ, is the source of its receiving nutriment by stimulating the so-called vital centers in the medulla oblongata, which in turn, causes the proper aid to be sent. The inner lining of the heart is composed of endothelial plates; these plates in the right auricle are stimulated by the carbon dioxide in the venous blood entering it from the vena cava, which causes it to contract, thus forcing the blood from it into the right ventricle, always by causing an impulse to the medulla oblongata. The support of this hypothesis lies in the fact that the auricles after the ventricles have ceased to move, also that the vena cava pulsates after the auricles stop working. Again, a drug that benumbs the sensibility of these little cells in the heart will show its action, such as aconite, digitalis, echinacea, etc. Bile also produces the same result. When bile is held in the liver, or passes back in the stomach, it is absorbed into the blood, and then, of course, goes to the heart, causing a slowing of its action, and the beats may drop as low as forty per minute.

So much for theories; now we will try to understand this complex prob-

lem. The nutritious substances that pass through the stomach and intestines are absorbed by the veins and lacteals and carried into the circulation by two channels: The veins of the stomach, spleen, pancreas and intestines join to form the portal vein, which empties into the liver, and when the liver cells have filtered or cleaned it, that which is ready to go into the circulation is emptied into the hepatic vein, the hepatic vein in turn, empties into the inferior vena cava, and the latter carries the blood to the heart.

The portion taken up by the lacteals is emptied into a large duct that runs up beside the spine (receptaculum chyli) and is emptied into the superior vena cava by means of the left subclavian vein. In this way the nutrient materials are mixed with the blood before it enters the heart. As soon as the blood is emptied into the heart the heart contracts and pumps it out into large tubes called arteries, which, as they get farther from the heart, grow smaller and smaller till they end in fine capillaries so small they cannot be seen by the unaided eye.

The circulation of blood was discovered by Harvey in 1628. Malpighi afterwards discovered how the blood passes to the veins.

I might mention in passing that a much more attractive theory of the cause of the circulation than either of those just mentioned, was advocated by John Bovee Dods, who claimed that the motive force for all activities of the body was electricity, and his arguments are in many respects unanswerable. He claimed that the blood in the lungs is

negative, that the air breathed into the lungs is loaded with electricity and oxygen; that as soon as this air came in contact with the blood it immediately gave up its electricity, which was attracted to the hæmoglobin containing iron, and this electricity was gradually given off to the nerves that accompany each artery; in turn these nerves carried the electricity to the brain where it was stored up for future use. These are the main points in his theory, but if you wish to more thoroughly understand it, you can get his book called *Electrical Psychology*, published by Fowler & Wells Co., or at some future time I will explain it to you; however, it would well repay you to get this book. In view of the amount of talk about the theories of Loeb and his colleagues, since his discovery that he can hatch sea urchins' eggs without their being fertilized, he has advanced practically the same theory advocated by Dods sixty years ago. Loeb claims that the motive force of a nerve resides in the central portion (the axis cylinder), and that this axis cylinder is charged with negative and positive electricity; so long as the positive electricity predominates the nerve is in a jelly-like state, but when the negative element gets the upper hand, this central portion begins to coagulate, which, if it becomes complete, produces paralysis.

Dods was not a scientist, therefore his statements could not be accepted by the professional gentlemen. Now that it has come to us through "regular" channels, we can dare to listen and not be ashamed. It is a strange thing that nearly all great discoveries are made by

the so-called ignorant or unprofessional men. Emerson said: "The world moves when God lets loose a thinker." The people who think little, work out these theories of the pioneers of thought and calmly take all the credit.

The circulatory apparatus consists of four parts: The heart, a hollow muscular organ that propels the blood; the arteries, membranous, pulsating canals, which convey the blood to all parts of the system; capillaries, little fine tubes—continuations of the arteries, and which bring the blood in close contact with the tissues, and, lastly, veins which receive the blood from the arterial capillaries and convey it back to the heart.

The circulation into, first, the greater or systemic circulation, which includes the course of the blood from the left auricle to the left ventricle through the aorta and all of its branches, the capillaries of the body and the veins, until the two *venæ cavæ* terminate in the right auricle.

Second. The lesser or pulmonic circulation, which includes the course of the blood from the right auricle to the right ventricle, the pulmonary artery, the pulmonary capillaries, and the four pulmonary veins springing from them, until they open into the left auricle.

Third. The portal circulation is sometimes spoken of as a separate circulatory system though it is only a second set of capillaries introduced into the course of a venous trunk. It consists of the *vena portarum*, formed by the union of the superior mesenteric, splenic and all the vessels I have been talking to you of in describing the action of the

CALIFORNIA MEDICAL JOURNAL.

liver, spleen, pancreas, and alimentary tract, thus all unite and form the portal vein, and then it divides up into capillaries in the liver substance and

then gradually from the hepatic vein which empties into the inferior vena cava; but strictly speaking is not a separate system.

Eclecticism in California.

W. W. WIMER, M. D., HONEY GROVE, TEXAS.

[T seems that the members of the Eclectic faith in California could very consistently be divided in three classes :—

1st. Those who might be called backsliders or weak-kneed sucklings of the faith who have been allopathed over.

2nd. Those who are very loyal soldiers during the sessions of the state and county meetings, or when in the presence of other eclectics, but “knockers” to the cause when away from such influence.

3rd. Those who are ever loyal and zealous for the cause, and willing to strike a blow for the common good, whenever opportunity presents itself.

It may seem to some that this classification is a bit too radical, but if they will canvass the situation thoroughly, I am sure they will agree with me. We may not all agree as to the cause of this condition, but the chaos it has wrought is certainly apparent alike to every one.

Doctors! have you ever learned how many of our boys has passed the California Medical Board under the present law? Have you learned of the number that have failed, and gone before other State Medical Boards and passed very

satisfactorily? And lastly, do you know how many have refused to go before the California Medical Board under the present law, but have preferred to look for locations elsewhere rather than try, and be turned down by the California Medical Board? If any of you are not sufficiently posted to know something of the answer to these questions, then I say you have sadly neglected your duty in showing so little interest in the cause of Eclecticism. It has been nearly impossible for an Eclectic to pass the California Medical Board, since it was organized under the new law.

Will any of you tell me why this should be so? Should not an average Eclectic student be able to cope with an average Allopath student? I know you will answer that they should; but if you will note for a moment that just one half dozen Eclectics have secured licenses from this Board since its organization, though many have tried and failed, and still many more have refused to try, but have preferred to go to less desirable fields rather than try these examinations; this would certainly make it appear that there is something wrong.

No one would for a moment dare

say that those Eclectics who tried those examinations and failed to secure licenses were not good average students. Neither could any one justly say that the faculties of our different schools represented, were not just as efficient as any Allopath school represented in such examinations. Then the fault must be in the examination itself or in the Law which specifies how the board shall be constituted, and the manner in which such examinations shall be conducted.

Glance over the law and see how the board is constituted, and notice some of the different examinations, especially the questions in Pathology. The board is composed of five Allopaths; two Homeopaths; two Eclectics. Six votes are necessary to pass or reject any applicant. Suppose the Allopaths and either the Eclectics or Homeopaths should unite in a determination to reject the third school's applicants, where or how could they get justice? They could not get it from the board, as two of the schools have sufficient votes to defeat any movement that the third school might propose, and they could not get it from the Court; since it has been decided by them that the board's decision on an applicant's fitness is final. Some say this is a good law, but suppose you were a student from the third school, while the other two schools had united and wrongfully rejected you, and you having no redress whatever before any court (what say you then). This is the worst and most dangerous feature of the law, and should be changed so that all schools have an equal representation and that

no two of the schools could unite and out vote the third.

If you will read the laws and rules governing the board in their examinations you will find therein a clause to the effect that the examinations shall be practical in character and for the purpose of determining the applicant's fitness to practice medicine, etc. Look over some of the different examinations in pathology given (by Dr. Tait) since the new law went into effect, and see if they are practical in character and for the purpose of determining the applicant's fitness to practice medicine and surgery. Any of you that have practiced from two to fifty years, ask yourselves these questions, and say if you have ever seen, read or heard of such things as were asked about in some of the examinations. Then take from your libraries your latest works on Pathology, Practical Surgery, Medical Dictionary, etc., and see if some of those things are to be found at all. I will venture to say that some of them can not be found in your latest works. You, in all your years of practice have never seen, read nor heard of them, and can not find them in your very latest works, and still, according to the law, they are *very* practical.

Any doctor who considers these facts cannot help but say, that an examiner who would ask such questions must either be a knave or a fool. Is a law what it ought to be, if it permits an examiner to ask such impractical questions; and further, how can a student find time to learn practical medicine and surgery if he has to spend his time cramming to pass such examinations in

Pathology? Again, I say, the Board's decision on an applicant's fitness to answer these (very) practical questions is final, and no redress can be had from the courts even though he is done an injustice. Is not this a law which permits the doing of an injustice to an applicant, with no remedy for the victim?

I will ask pardon for indulging in personalities but my own case serves very clearly to illustrate the injustice done by the Board to certain applicants. Some, no doubt, will say I am a "sore-head," but I have a perfect right to have when you consider the way I was treated by the said Board.

I took the general examination in August, 1904, secured a general average of 7590 +, but was marked below 6090 in Pathology, consequently according to the rules of the Board I was conditioned in Pathology. I took the examination of Pathology over four different times, but was marked below 6070 each time. I knew I had passed my examination very fairly, but seeing no chance of getting justice by leaving it to the Board, I began suit to compel them to issue me my license, but the Court held, that according to the law, the Board's decision on an applicant's fitness to practice medicine was final. Now this same Board, of their own accord, had a change of heart, somehow, and came to the conclusion that I had passed my Pathology examination and granted me a license at their December meeting, 1905. I was made to wait from August 1904 to December 1905, before my license was granted, and it was nearly one year

from the time I took my last examination in Pathology before I received my license; hence my reason for a "sore head." Now, some of you that believe this such a good medical law that it permits the Board to withhold an applicant's license until it seems good and ready to grant it, please be so kind as to tell me on which examination I was granted my license, and further, why was I made to wait nearly one year from the time I took my last examination before I received my license. Possibly my answers on the subject were so voluminous that it took that examiner sixteen months to read them over, or it may be that my answers were so far abreast of the times, and the personal knowledge of the examiner that he had to take a sixteen month's course in Pathology in some college before being able to say that I had passed my examination; if such be the case I humbly beg his pardon for what I have said.

We have at the present time two Eclectic medical colleges in California, both conveniently located, and fairly well equipped, and the faculty of either will compare favorably to that of any other medical college in California. One of these, the California Medical College of San Francisco has stood the test of time, and scores of her graduates are scattered over the West, doing just credit to their *alma mater*. The other, the Los Angeles Eclectic Polyclinic of Los Angeles, California, while yet a young school is well equipped for its work.

Doctors! do you wish success to the schools of your faith? If you do, give them loyal support. Talk Eclecticism

to any of your friends who are thinking of taking up the study of medicine. Induce them to attend the California Medical College.

I have known doctors who have practiced for years, and yet never so much as influenced a student to attend their *alma mater*. Is this loyalty? If you wish to take Post Graduate work attend the Los Angeles Polyclinic, they will do you good. Induce your neighbor M. D. to do likewise. Don't do as some Eclectics I have known, seek to bury their heads under the wing of an Allopath diploma, but take your post graduate work in an Eclectic college and get firmly grounded in the faith.

I hate a weak-kneed sort of a fellow who can't stand the pressure, but who attempts to straddle the fence.

Lastly, notice our Journals, how they are supported. How many Eclectic Journals do you subscribe for, and how many do you write for? Do you enjoy reading about some of the interesting cases the other fellow has been fighting with? if so, think of the other fellow, he might be benefited as well by reading of some of your interesting cases, if you will only be kind enough to write them up, and send them to the journals. Doctors, be loyal to our journals, read them, write for them, and subscribe for them, and therein you will do yourself and the cause good.

Leprosy, Its Causes Prevention and Cure,

THEODORE JUDSON HIGGINS.

IN the article which appeared in the March number of this Journal we closed the discussion with a hint regarding the time when we deem it advisable to commence the use of the *jacaranda procera* in the rational treatment of this malady. We now desire to enter the discussion upon the results to be expected from this remedy, when the indications point to its use. The symptoms or specific indications which are present are a marked enfeeblement of the mental faculties due to the excessive engorgement of the capillaries of the brain and the consequent pressure produced thereby upon the brain substance. This pressure upon the brain substance, and also upon the spinal cord

and extra cranial ganglia generally to a lesser degree is the chief factor in the production of the peculiar regional anæsthesia present in nearly every case of true leprosy. Those interested in this discussion will notice that we say *nearly every case*, and our reason for so saying is based upon the fact that occasionally a case develops in which (instead of an anæsthetic condition present) we have an excessive hyperæsthesia present as a result of the irritation produced by the aforesaid pressure. In these cases we use the spec. med. *jacaranda procera* in from 5 to 15 minim doses thrice daily before meals, with a glassful of cold water, and spec. med. *gelsemium* in one minim doses

after meals and at bed time, gradually increasing the dosage of the latter up to 5 minims per dose. The gelsemium quiets the irritability of the cerebral nervous system and assist materially in overcoming the capillary engorgement of the brain and cord, and also acts as a non-irritating and sedative diuretic, overcoming the irritability of the genito-urinary organs and to a reasonable degree allaying the pernicious satyriasis which is always present during this phase of the disease expression and which, by the way, is one of the most prominent factors in the wasting of vital force in the majority of cases of phthisis pulmonalis, and which, curiously enough the patient is very sensitive about and will deliberately tell his physician is not the case, even when the physician can determine by microscopic examination of the urine beyond a reasonable doubt that satyriasis is present in the case.

For the erratic and shooting pains which accompany this phase of the disease and for the peculiar creeping and darting sensations that almost crase the patient we combine specific med. pulsatilla and cimicifuga racemosa with the gelsemium in the following proportions:

R Spec. pulsatilla, M xxx.

“ cimicifuga, 3 j.

“ gelsemium, 3 ij.

Aqua pura qs. 3 iv.

M. Sig. 3 ss after each meal and at bed time, followed by a part of a glass of hot water.

The above is usually sufficient to allay these very distressing and exceedingly exhaustive manifestations. The

patient is now beginning to show the beneficial effects of the treatment which we have been elaborating in previous numbers of the Journal. The eliminative processes are well under way, the bowels are being stimulated to mildly increased activity, the enunctories are busily at work, the entire glandular system is functioning with increased activity, the lungs are eliminating the poisonous gases from the blood, and the blood is reacting freely to the action of the oxygen in the atmospheric air inhaled, and the electrical polarization of the red cells is being effected, the entire nervous system is receiving the revivification which is necessary for the reestablishment of physiological balance, and the morbid process has ceased to make successful inroads upon the normal body cells. After we are fully assured that we have perfected the desired ends pictured in my series of articles up to this point we then (as soon as we are reasonably certain that we have succeeded in permanently reestablishing these normal phenomena) take up the next phase of our treatment.

(To be continued.)

A NECESSARY ALTERATION.

Patient—As we have known each other so long, Doctor, I do not intend to insult you by paying your bill. But I have left you a handsome legacy in my will.

Physician—Very kind of you, I am sure. Allow me to look at that prescription again. There is a slight alteration I should like to make in it.—*Ex.*

Diagnosis.

A. B. NELSON, M. D.

A MAN may have a diseased condition for years; he knows he has some trouble and keeps away from the doctor until something definite occurs that calls for immediate action. Many trivial things have bothered him and he has cast them aside until pain or indisposition urges him to consult a medical man. Having laid his case before a physician and the act of having been desirous to seek assistance makes him a *sick man*, according to his idea, and the many friends, relations and others who are ready to say, Smith, Jones or Brown is sick. The truth is he was sick months—years before he sought the doctor. A man who is normal should feel normal. A normal man feels easy, he does not worry about his feelings because he feels right, and if he feels right there is nothing to worry about.

The medical man presented with a case proceeds to make his diagnosis—he looks for conditions present; physical demonstrations or signs are positive but a man may feel many things that cannot be found on physical examination. The urine is examined, the heart, the lungs; our conclusions are reached in a few moments, our diagnosis is made, our line of treatment is at once instituted and the patient is at once under our care for treatment, for relief, for cure. His condition has existed for years, our knowledge of his condition has existed for a few moments. This is the practice of medicine—a snap shot diagnosis—a ready relief, a quick cure, and still our patients (some of them) *live*, and move, and have their being; for such is the practice of the healing art—was ever thus since boyhood's happy hours.

Loss of Blood in Confinement,

D. MACLEAN, M. D.

HOW much blood can a woman lose without reaching the danger line? How much blood does a woman ordinarily lose in a normal confinement? These are questions worthy of consideration. They are questions, however, which cannot be decided off hand. There is no general rule that can be followed. The strong, full blooded,

can lose a quantity of blood that would be fatal in the weak and anæmic.

It is estimated that the amount of blood bears a ratio of one-thirteenth to the weight of the individual, but that it is somewhat increased during pregnancy. A person weighing one hundred and thirty pounds, the blood would weigh ten pounds, but in preg-

nancy the weight might be eleven or twelve pounds. The average loss in the ordinary confinement is less than one pound (one pint). Multiparæ lose more blood than primiparæ. As a rule the loss of blood depends on the size of the child. Children increase in size to the third or fourth or over the fifth; so that the loss increases with each child up to that number.

The loss of thirty-two ounces (two pints) is not alarming in a vigorous healthy woman, but would be in a weakling. The danger line is manifested by pallor, cold extremities, cold sweat, rapid, small pulse, yawning, thirst, gasping for breath (air hunger), dizziness, faintness, and anxiety of countenance.

The Relation of Blood Examination to Surgical Diagnosis.

JOHN E. JENNINGS, M. D.

Read before the Brooklyn Surgical Society, Dec. 7, 1905.

IN the light of our present knowledge the examination of the blood may be useful to the surgeon in the following groups of cases:

I. In the recognition and differentiation of leukemia, the malarial fevers, Hodgkin's disease, pernicious anæmia and typhoid fever.

II. As an indication of the amount of damage sustained by cases of hemorrhage.

III. As a link in the chain of evidence for or against malignant disease and various septic conditions.

IV. As a part of a complete physical examination in cases about to be subjected to operation.

The cases of the first group demand a blood examination for their complete diagnosis, and it is in this class that the blood gives us the diagnosis "ready made." The differentiation between Hodgkin's disease and leukemia is made most readily with the microscope;

for instance, Hodgkin's disease showing normal blood during the greater part of its course. The diagnosis between a pernicious anæmia and a profound secondary anæmia, due to malignant disease or to repeated hemorrhages as from a fibroid uterus, is one of interest from a prognostic as well as a therapeutic point of view. I saw recently a case of a young woman whose periods for some months had been accompanied by profuse and prolonged hemorrhages. She had been curetted, but was not benefited. She had not lost weight, did not run a temperature; was very pallid, and a day or two before had begun to develop a few petechial spots on the thighs. A blood examination showed 8 per cent. of hemoglobin, 1,016,000 red cells, 2,800 leucocytes with many nucleated red blood corpuscles—a very pronounced case of pernicious anæmia.

The blood picture in cases of obscure

carcinoma is different. The blood examination in typhoid and malaria is of interest to the surgeon in distinguishing between these conditions and sepsis. Both malaria and typhoid regularly show a diminished leucocyte count, while the presence of the plasmodium or of a strong and positive Widal reaction is practically pathognomonic. In typhoid, inflammatory complications, such as otitis, pneumonia, severe bronchitis, cystitis, periostitis, phlebitis, cholecystitis and peritonitis give a prompt leucocytosis in patients whose resistance is still active. Intestinal perforation may or may not be attended with an increased leucocyte count and Thayer's studies lead him to the belief that the prospect of relief by surgical operation is best in the cases with a higher count.

II. Hemorrhage. The effect upon the blood of an acute hemorrhage of decided amount is as follows: An increase in the number of leucocytes, usually from 15,000 to 20,000, occurs very promptly in most cases and lasts for several days. This increase, as a rule, involves the polynuclear neutrophilic cells with a corresponding relative decrease in the mononuclear forms, but occasionally the reverse may be true. In fatal cases this leucocytosis is said not to occur. In blood examinations made immediately after a hemorrhage has taken place no change is to be expected in the hemoglobin estimate or in the red cell enumeration, since the loss of fluid and of cells has been proportionate, but as reaction is established, and the blood restores its normal volume by abstracting fluid from

the tissues, a diminution of hemoglobin and of red cells is to be noted. This is, to a certain extent, commensurate with the blood lost, but is not to be depended upon less than six hours after the hemorrhage. A secondary fall is apt to occur as a rule during the first week, due, it is believed, to the destruction of the immature red cells that are supplied to the blood at the time of reaction, and serve for a time to mask the full severity of the blood loss. The blood plaques are much increased after hemorrhage, and the coagulation time is shortened in proportion to the amount of the hemorrhage, so that after severe bleeding the blood clots almost immediately. The presence of a few normoblasts may be found in the blood after a severe hemorrhage, and numbers of these cells may appear and vanish during regeneration. These so-called blood crises occur also in cases recovering from other forms of secondary anæmia.

With regard to the regeneration of the blood after hemorrhage, ignoring factors of age, nutrition and coexistent disease Cabot's table is:

Less than 1 per cent. of blood mass is made up in 2 to 5 days.

Less than 1 to 3 per cent. of blood mass is made up in 5 to 14 days.

Less than 3 to 4 per cent. of blood mass is made up in 14 to 30 days.

The last amount is a very severe hemorrhage, few surgical operations involving the loss of more than 1 per cent.

According to Burfeind, regeneration is effected within four weeks if the hemorrhage produces a hemoglobin loss of 25 per cent. and in about three

weeks if the loss does not exceed 20 per cent. This is, in his opinion, the average regeneration time. The process of regeneration is more active in cases that have received transfusion of a normal saline solution, and the transfusion of blood has been proved to stimulate the process still more markedly.

In cases that have suffered from repeated small hemorrhages, as from hemophilia uterine disease, hemorrhoids, etc., the blood may show little or no change or an examination may reveal very marked anæmia in a patient whose flesh and color are not much reduced.

The value of a complete examination of the blood, in cases of suspected malignant growths, is well established, but too much stress is not to be laid upon the presence or absence of leucocytosis as a matter of great diagnostic importance.

Early in the disease little or no change is to be noted, but with the beginning of cachexia, or before this makes its appearance, anæmia, moderate in some cases and in others more severe, supervenes. This is a true secondary anæmia and the hemoglobin loss is at first out of proportion to the diminution of the red cells.

In Da Costa's series the color index ranged moderately below normal, usually from 20 to 30 points. The anæmia is very resistant to treatment, and later on as it progresses with the course of the disease, the red cell loss becomes more pronounced, and the color index rises somewhat. The stained specimens show very marked deformities of shape and size in proportion to the

amount of anæmia present and in the later cases nucleated red cells are very common—more common than in any other form of secondary anæmia. The nucleated cells are almost entirely normoblasts.

In the matter of leucocytosis an increased leucocyte count is present in less than one-third of all forms of carcinoma, but occurs in a larger percentage of sarcomata. The amount of the leucocytosis seems to depend upon the size of the growth and upon the presence of accompanying inflammatory changes or hemorrhage into the surrounding structures.

Thus a leucocytosis is more likely to be found in a large carcinoma of the breast than in a small malignant neoplasm of the face. The site of the growth also has apparently some influence upon the leucocytosis. Thus Da Costa found it more constant and striking in cancer of the liver—80 per cent.; least frequent in cancer of the uterus—13 per cent., and of least degree in cancer of the stomach.

Differential counts, as a rule, show a range of polynuclear neutrophils, between 80 and 90 per cent. in cases with leucocytosis, and sometimes in cases without any *absolute increase* in the number of the white cells. This change, however, is not to be relied upon constantly, as a relative lymphocytosis is sometimes found. Myelocytes are very common, especially in cases with primary or secondary bone involvement.

The value of a blood examination then is not to determine by the presence or absence of leucocytosis alone if a suspected case be one of carcinoma, but

is of a somewhat less definite utility.

It is useful to exclude pernicious anæmia, a clinical picture that may very closely simulate the cachexia of malignant disease, but it is less useful in an attempt to distinguish between a cancer and an obscure septic process. It was thought at one time that an absence of the physiological digestive leucocytosis was pathognomonic of carcinoma of the stomach, but this has been shown to be incorrect and Lömet's view that the absence of digestive leucocytosis in gastric cancer has about the same diagnostic value as the absence of hydrochloric acid and the presence of lactic acid is admitted to be corroborated.

Nevertheless, if in a suspected case in which marked hemorrhage has not occurred, a severe anæmia with the presence of nucleated red cells, a leucocytosis and an absence of digestive leucocytosis be found the blood findings point very strongly toward carcinoma of the stomach.

In the differential diagnosis between cancer of the liver or bile ducts and other liver conditions, as cirrhosis, echinococcus cysts or *simple* gall stone colics, the leucocyte count, if increased, speaks in favor of cancer. In echinococcus cyst eosinophilia is regularly present.

The presence of leucocytosis is an evidence against the benignness of a tumor, and an increasing white cell count in a case of malignant disease betokens a rapidly growing tumor or metastasis.

And if a leucocytosis, which has disappeared after the removal of a malignant growth is found to return and

persist, it is to be considered a forerunner of a recurrence.

But the attention of the surgeon has been directed to the examination of the blood in connection with the septic infections more than in any of the conditions we have so far touched upon. There has been a tendency to turn to the blood for a pathognomonic sign of sepsis, and when in some (in many) cases of undoubted pus infection no corresponding changes in the blood were found, too hasty generalization has condemned all blood findings in this condition as fallacious or equivocal. In septicæmia and pyæmia, in abscess, or in diffuse suppuration, anywhere in the body we may find the following blood changes. The hemoglobin and to a somewhat less extent the red cells are diminished more markedly in severe and generalized infections than in mild and localized ones; more notably in pus foci of long standing than in those of short duration. The degree of anæmia is more pronounced and more rapid in its development than in any other infectious disease.

The leucocytes are increased in about 70 per cent. of all cases. In trivial or in well walled off conditions leucocytosis is frequently absent, it is believed because the toxins of the infection do not gain access to the general circulation in sufficient amount to bring about reaction and in a certain number of very virulent conditions this systemic reaction appears to be overpowered. When leucocytosis is present it is usually found that the increase of the polynuclear neutrophiles is out of proportion to that of the other varieties

of white cells, but this is not always true, for there may be no change in the differential counts from normal. Rarely an increased polynuclear count may be found when no leucocytosis is present. The significance of all these conditions is, so far as we know, the same. There has been a tendency on the part of some hematologists to place great importance upon the finding of an increased number of polynuclear leucocytes in the blood, whether this is accompanied by leucocytosis or not, and this condition is even made more important than the enumeration of the leucocytes itself. But this must be considered unsound.

A polynuclear increase without definite leucocytosis is the equivalent of a moderate leucocytosis and a leucocytosis is to be considered as such whether a large relative increase of polynuclear forms be present or not.

An iodophilia is constantly present, in sepsis, and in all purulent conditions, but is also found in so many conditions that its value is, I believe, purely negative, and in this it differs from the leucocytic count, which, it cannot be too often repeated, has no negative value in septic conditions. If it be found, it remains to interpret it. If it be absent, its absence is not to be considered as excluding *anything*.

These generalizations with regard to pus infections apply to abdominal conditions particularly, and it is from the misuse of the leucocytic count alone as of equal positive or negative value that a good deal of scepticism as to its usefulness has arisen.

So with regard to the worth of a blood examination in appendicitis there

still exists considerable difference of opinion among surgeons, but a certain amount of this difference at least is traceable to the fact that too little stress is laid upon the stage of the disease at which the leucocytes are counted. Thus Kelly says: "Early in the disease a rising leucocytosis is an indication for immediate operation, later on when abscess formation has begun no reliance can be placed upon the leucocyte count." And Da Costa, somewhat more definitely: "Appendicitis should never be ruled out because leucocytosis is absent, nor should a moderate leucocyte count be considered an indication of the benignancy of the lesion. A count in excess of 20,000, particularly if it persists or increases, may be relied upon as a certain sign of pus or its consequences, and is sufficient to warrant operative interference if the symptoms point to the appendix as the seat of the trouble."

In a word, the examination of the blood in appendicitis, as in other concealed infections, is more useful as an index of the progress of the disease than as a help in diagnosis.

With regard to the value of a blood examination preceding operation little need be said save that it forms a part of a complete physical examination, and will be indicated for the sake of completeness, if for no more definite reason, in most cases where extensive surgery is to be done.—*Brooklyn Medical Jour.*

Gayman (in front of the mirror)—
I don't know whether to wear a white necktie or a black one this evening.
What is good form for man over sixty?

Mrs. Gayman—Chloroform.—*Ex.*

Shall We Merge?

THE suggestion in a recent editorial that the homeopathic and eclectic colleges in San Francisco should merge with one of the regular medical colleges in the formation of a true college in which *all* systems of practice would be taught, should be, in the opinion of the writer, met with the approval and hearty cooperation of every graduate of the California Medical College.

Several years ago we, editorially, outlined a plan of the ideal medical university, but at that time the conditions were not favorable toward putting the plan into execution; the control of college affairs then being in the hands of men who could not, or would not see the shadow of future trouble for our college.

The experiences of the past few years have shown all of us clearly that the attempt to continue a sectarian college is wasted energy under present conditions and these conditions will not change so long as the statute stands. We should not desire a change in the law except it be to give the Board of Examiners executive power, the members to be appointed by the Governor, there being *one* representative of each school.

Why should the regular school be given more representatives than either of the other schools? Why should the representatives be elected by medical societies which number among their members only a small percentage of the practitioners in the State?

But we believe it impracticable at present to attempt to alter the statute

even though it be unconstitutional in its enactment and unjust in its execution. Perhaps these very things having crippled other colleges as well as ours will prove the best argument of the promoters of the proposition to form a combination college or medical university. Anything is better than the present condition of slow but sure annihilation. By all means let us combine. Combine with which?—that is the question.

It is a matter in which a country resident cannot even suggest an opinion, because only those in close touch with metropolitan affairs and conditions are competent to outline a feasible plan. Let us leave the solution of the problem to the Board of Trustees; but they must do something, and do it quickly.

This idea of combination will doubtless be opposed by some eclectics; men who have diplomas from eastern colleges, but we contend this is a matter which concerns more particularly the graduates of the California Medical College. They are the ones who would suffer in the future if the institution goes to the wall. As one of those graduates, as one familiar with the condition of college affairs I want to cast my vote for a merger with either of the three regular colleges with faculty representation in therapeutics. The charter should be retained. The name should be retained. Our advantages would be economy, strength and better equipment. We would lose nothing. The eclectic system of practice would be better understood by the regular school and our students would learn the good in other systems. The result

would be greater harmony throughout the State.

This matter should be considered by the Trustees and negotiations opened with the other colleges at once. At the annual meeting of the State Society, which is open to every eclectic, it can be settled. The present condition can not long endure. Better to retire gracefully from competition and become a department of a strong institution than to stagnate. With the present building and equipment we cannot compete. Even with a new building with equal or superior equipment, I doubt if the college would survive under the present condition of discrimination against graduates. Let us combine with some regular college which is also suffering under the unjust administration of the law. Let this combination be either temporary or permanent whichever seems best. Personally I should favor a temporary arrangement until the statute could be changed. Then, when all graduates are assured of a fair examination (if there must be an examination), it would be a comparatively simple matter to equip a suitable building in proper style and again assume our individuality as an institution. But if a permanent affiliation can be made and seems best to those better able to judge I am in favor of it. I favor any move that will insure a continuance of eclectic teaching. The work must fall, as usual, upon a few men, but they must go ahead with any plan which they believe to be to the best interests of the graduates of our college. We trust to them and our trust will not be misplaced.

H. B. CROCKER, M. D.

Your editorial in March issue of the California Medical Journal on "Shall we Merge," touches a theme on which I have talked and reasoned many times in the past.

So far as I am individually concerned I would answer in the affirmative, under certain conditions. I am charitable enough to see much good in the allopathic and homeopathic systems of medicine, and the only reason for my not seeing and getting more good from them as systems of practice is my limited knowledge of them. I read their literature, and study their books and apply their teachings where it is in harmony with my earnest belief and limited experience.

When the dominant school of medicine is willing to merge on the grounds of equality and equal rights and privileges, and have a chair of Materia Medica and Practice of the homeopathic and eclectic schools, and all sail under the banner of "American System," then, and not until then, will the masses consent to a merging of the systems.

The homeopaths and eclectics have done too much development work along the lines of Materia Medica and Practice to ever give them up on any other terms. It would simply be suicidal.

Again, the different lines of study and development are conducive to broad-mindedness, keeps us out of the ruts and prevents stagnation and monopoly.

I am a believer in the survival of the fittest; and am convinced if a man has been taught the three systems he will naturally prove them all, which would eventually place specific medication in the fore front.

P. F. BULLINGTON, M. D.

NORMAL TINCTURES

THEIR EVOLUTION AND MANUFACTURE

In 1870 the late William S. Merrell, A. M., M. D., gave to Professor John M. Scudder the pharmaceutical data contained in his book called *Specific Medication*. At that time the fluid medicines of the Eclectic school were known as *Essential Tinctures*—preparations which were certainly in advance of the times. Gradually, from this beginning, the ethical and scientifically correct *Normal Tinctures* were developed. (In designating these preparations *Normal Tinctures* we followed the nomenclature expressed in the work called "*Digest of Materia Medica and Pharmacy*," by Albert Merrell, M. D., formerly Professor of *Materia Medica and Pharmacy* in the American Medical College of St. Louis, Mo. This book was officially adopted by the National Eclectic Medical Association, June 17th, 1885.)

The *unit of strength* is termed "*Normal*," the letter "N" being used for its abbreviation. A tincture which represents the drug from which it is made, *minim for grain*, would thus be a "*normal*," tincture, and its strength expressed by the symbol $\frac{N}{1}$. A tincture one-half the strength of the drug from which it is made, i. e., *two minims* of the tincture equaling one grain of the crude drug would be expressed by the symbol $\frac{N}{2}$, and so through the list. The simplicity and exactness of this method is at once apparent.

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Editorial.

Medical Department of the University.

Is the medical department of the State University a State Medical School? This is a pertinent question. The tax payers of this State paid \$250,000 for building the Affiliated Colleges. Only one medical college occupies these buildings. It is the representative of one school of medicine. The law of this State recognizes three distinct schools.

They are all sectarian, one as much as the other. They are all bigoted, one as much as the other. They all

teach exclusiveness, one as much as the other. Whatever liberality exists belongs to the eclectic school. While Eclectics teach a special theory of therapeutics, they accept the wisdom of all schools.

Why should one school be represented and not the others? The taxes were levied on all alike: neither Eclectics nor Homeopaths were exempted. It is purely taxation without representation. It is robbing Peter to pay Paul. If it is Constitutional, which we doubt, it is manifestly unjust. The State has no right to teach a creed. The State has a right to investigate and prove

any and all theories. Assumption is not proof. The old school assumes that it teaches all about medicine that is known. Eclectic physicians deny this. Two-fifths of the taxes of this State are paid by Eclectics and Homeopaths. Of the expense of building the Affiliated Colleges they contributed \$100,000.

Will any honorable tax-payer say that this is just? Will any tax-payer say that the therapeutical application of remedies to disease, as practised by Eclectics and Homeopaths, after they have contributed to the building of these colleges should have no representation? We believe not.

These buildings, built by the State, is the property of all schools recognized by the State. Therefore all schools should be represented in one school, or certain buildings set aside for each school. The State built a building for a college of Veterinary Surgery, which is not used. Why not the Eclectic Medical Society of the State of California demand this building for a Medical College? As Eclectics we are entitled to it and can have it, for no other institution can occupy the premises. We should concentrate our energies on great attainable things not on individual, personal, small matters.

California Medical College.

It has been rumored that the Board of Trustees of the California Medical College want to change the name of the institution. Has any great necessity arisen for this matter? Has the

California Medical College been guilty of any great impropriety? Are the Alumni ashamed of their mother?

The California Medical College has graduated 328. Are they clamoring for a change? The Board of Trustees are composed of fifteen members. Of this number four are graduates of Bennett Medical College, two of the Eclectic Medical Institute, eight of the California Medical College, and one an Attorney who is not a medical man. Are the eight ashamed of their name? If so, they would better repudiate their college. What of the other 320? Shall they be left without a home? Shall they be left without a mother? If the name is to be changed it should be left to the Alumni as a body.

Sanatoria.

There are a great many Sanatoria in this city; they are generally well conducted; they are necessary institutions in a city like San Francisco, where there are so many apartment houses with three or four rooms, and boarding houses without number, where the sick can not have the proper care and attention. There are four Sanatoria under the care of Eclectic physicians. The Lamb, Nucleus, Balboa, and Irving. The four can accommodate about one hundred patients. They probably have an average of sixty. Should they merge? If sensible they should. Is the time ripe for such merger? Not if the writer understands the situation. This country was developed on individual lines; from the small industrial shops, by combination have developed

the great plants. Each shop developed along certain lines and when fully established a combination was easy. A combination could be run at less expense and better service rendered to the public. So will it be with these four Sanatoria. They are developing along different lines and when fully established they should merge into one grand institution, having different pavilions under one management.

The hog with both feet in the trough is a selfish small man. There is room for all, and the California Medical Journal would take pleasure in advocating the interests of the different institutions if informed of their wishes.

"A CARD OF THANKS"

I wish to express through the Journal my sincere thanks to the doctors who have replied so graciously to the letters sent them asking for suggestions as to a way out of our present dilemma.

It is a pleasure to know of so many who are stanch and true, and not afraid to show their colors.

Thanks for the helpful hints and promises to attend our next State meeting.

G. H. GREENWELL, M.D., C.S., E.M.S.

Remember the date and place of our next State meeting. *Date*, May 22, 23, 24. *Place*, Academy of Science Building, 819 Market Street.

According to the many promises we shall have one of the most enthusiastic meetings, May 22, 23, 24, we have ever had in our history.

DR. GREENWELL.

Editorial Notes.

Drs. Perce and Scudder, of Long Beach have formed a partnership. We wish the new firm every success. Both are able, competent and energetic.

Dr. Clifford of Santa Barbara paid a flying visit to the city. He reports business flourishing and his success gratifying.

The next meeting of the Eclectic Medical Society of the State of California will be held in San Francisco, May 22, 23 and 24. W. H. Hunsaker, M. D., San Francisco, President. Ben Stetson, M. D., Oakland, Secretary.

Dr. J. W. Huckins of Vallejo, is quite ill at the Irving Sanatorium.

Dr. R. Munda Sinclair, graduate of the Class of 1902, California Medical College, is located in Alaska, and is doing a successful business. She sends her greetings to her old classmates, and words of cheer to the present class.

Dr. Lewis Lee of Crescent Mills is in the city and wants to locate in a warmer clime. Fifteen feet of snow, don't you know, is rather more than enough.

Dr. W. A. and Mrs. Harvey have returned from a trip to Honolulu, where they had an enjoyable trip; taking a dip by moonlight at Waikiki Beach, viewing the grandeur of Kuliau, and riding Peu-u was only a small part of their pleasure. The Dr. may tell the rest.

We regret to learn of the death of G. W. McConnell of Ashland, Oregon, on the 22nd of last month, from hem-

orrhage of the stomach. The doctor was a graduate of the Eclectic Medical Institute, 1875. He came to Newberg, Oregon, in 1892, from there he went to Baker City. He moved to Ashland last September. He leaves a widow and three children.

Dr. W. S. Cheeney, Class of 1905, has returned from Texas and is on his way to Bristol Bay, Alaska, where he expects to locate a gold, copper, or coal mine, if not he expects to catch good, red fat salmon.

The North Idaho Medical Society will hold its next meeting at Coeur d'Alene City, Idaho, June 19, and will be followed by a half day spent at the handsome new St. Luke's hospital, a Protestant institution in Spokane.

Dr. H. Kloppe has moved from Hornbrook, Cal., to Kerby, Oregon.

Dr. Keegan wants a location.

Battle & Co. have just issued the ninth of the series of twelve illustrations of the Intestinal Parasites, and we will send them free, to the physicians on application

The State Society and the National Association.

To the Eclectic Physicians of the United States: I desire to make a most urgent appeal. It is incumbent upon each individual to stir himself to the utmost this year in the interest of his State Society. There is an undercurrent of complaint that in some States but few physicians are interested in organization, and that the

State societies are suffering from this.

I can aver that in but few States is this so. In those States which have the most physicians of our school and in those where a few have kept up the interest, the spirit is fine. This is especially true of Ohio, New York, Indiana, Illinois, Georgia, Texas, Arkansas, and Pennsylvania. In other States, the spirit is excellent. In those States where I have made special effort at organization or reorganization, the results have been fine. These are Oklahoma, South Dakota, West Virginia, and Kentucky.

If there is any reason in any State why there is not extreme activity, it will be found to center upon the individual physician. We have, in truth, a fine spirit throughout most of the States, and this spirit should animate every physician to put forth his very best effort this year to develop enthusiasm for his State society meeting, and without fail to attend in person and directly contribute to its interest.

Furthermore a committee should be appointed from each society to co-operate with the Special Legislative Committee of the National to revise the by-laws of the society, at proper time, to correspond with those of the National Association, making all members of the National Association. Of this committee, the secretary of the State society should be the chairman, as he is recognized by the National Association as "Secretary of Organization" in his State. The constitution and by-laws of the National Association were revised last year with this object in view. The work of the committee will probably be completed this year, when the committees from the State societies should at once take up the work and

have a report ready for adoption in each State society next year. This will save one year of time, and will facilitate the greatly to be desired consolidation which I have aimed at ever since I have been the National secretary.

Let there be a union of effort for the good of every society this year which has never been exceeded, contributed to by every individual physician. If this occurs, the results will be every way gratifying, and will conduce most materially to the ultimate good of the cause we all have so much at heart.

FINLEY ELLINWOOD,
Secretary and Chairman of the Committee of Organization.

THE GERMANTOWN HOMŒOPATHIC SOCIETY.

The above Society at its last meeting unanimously adopted the following resolution:

RESOLVED. That the Germantown Homœopathic Medical Society of Philadelphia, places itself on record as

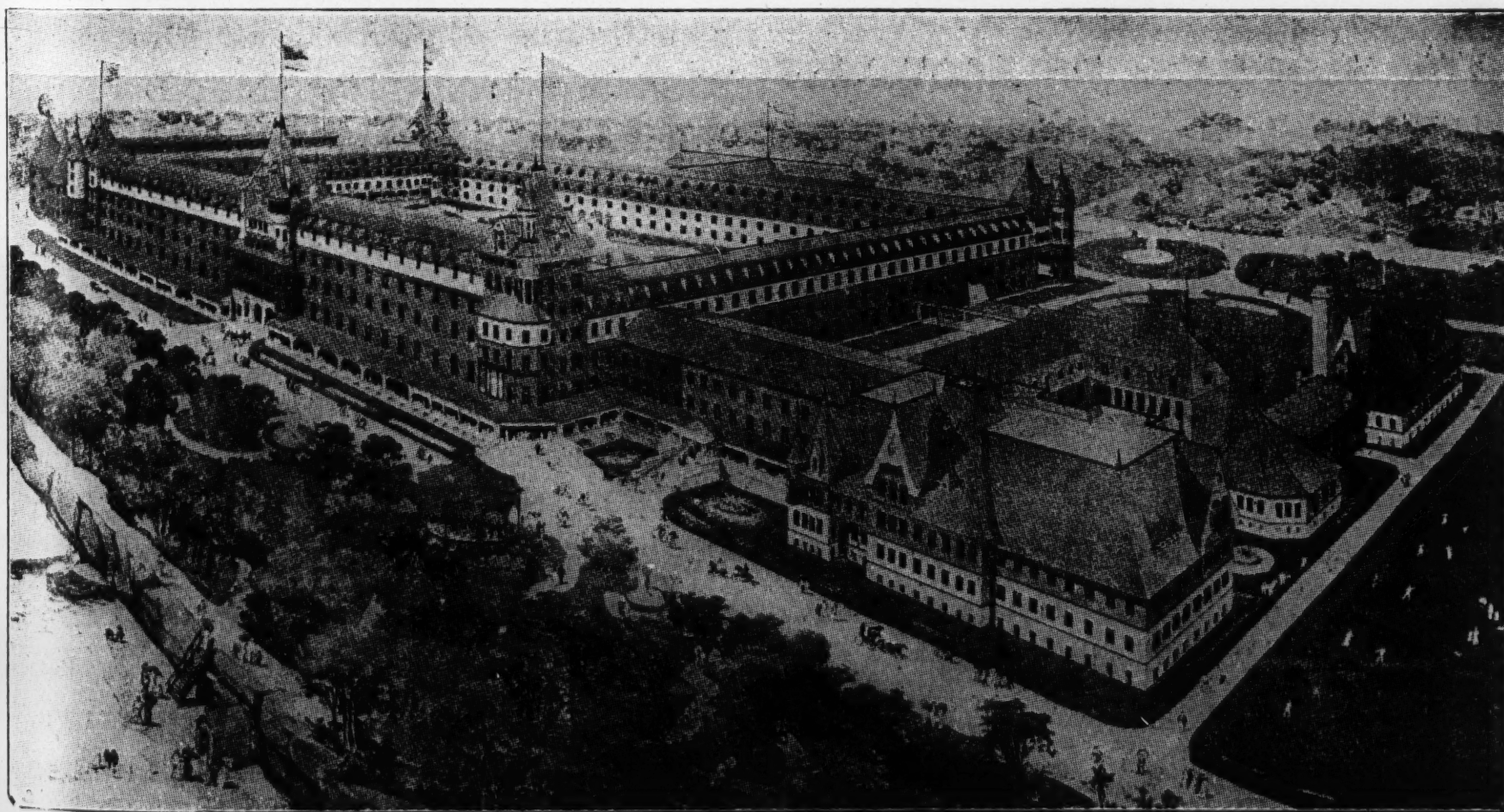
opposed to the manufacture and sale of all patent medicines or nostrums of whatsoever sort, and requests all members of the medical fraternity to abstain from publishing their articles in any medical journal advertising patent medicines or nostrums.

This Society commends all medical journals and all newspapers which abstain from advertising patent medicines and nostrums for their campaign against the patent medicine and nostrum business.

The pure food Commissioner of the State is commended for the work he is accomplishing in this direction, and this Society pledges him its support in all future efforts of the same kind.

The public is cautioned against the use of patent medicines and nostrums as unscientific and dangerous to the general health and welfare.

LANDRETH W. THOMPSON, M.D.,
Corresponding Sec'y.
1701 Green St., Philadelphia.



HOTEL VICTORY, Put-In-Bay, Ohio, where the next meeting of the National Eclectic Medical Association will be held.

The Eclectic Practice of Medicine.

By Prof. Rolla L. Thomas, M. D., of the Eclectic Medical Institute, Cincinnati, O.

This work has just been issued by the Scudder Bros. Co., Plum St., Cincinnati, O. The many friends of Prof. Thomas expected a good book from his pen. And in this book on "Eclectic Practice" of more than 1000 pages they will not be disappointed. From the preface to the long list of indicated remedies at each end of the book the work is well written and in matter and make up reflects credit on both author, publisher and printer. It is a work for the student and the active practitioner, and will take a high place in the literature of our school. As the book will be further reviewed in the California Medical Journal, I will close urging our friends to get the book which may be procured from the editor of this Journal.

JOHN FEAR.

THE BLOODLESS PHLEBOTOMIST

The April issue of "The Bloodless Phlebotomist" contains a grist of interesting original matter which will appeal to medical men.

Among the leading articles are :

Proprietary Remedies from the Physician's Standpoint, by W. J. Robinson, Ph.G., M.D., of New York.

The Lesson of the Yellow Fever Epidemic, by Daniel Lewis, M. D., LL.D., of New York.

Delirium Tremens, by T. D. Crothers, M. D., of Hartford.

The Alkaloidal Treatment of Pneumonia, by W. C. Abbott, M. D., of Chicago.

Otitis Externa Circumscripta, by Prof. James A. Campbell, M. D., of St. Louis.

The Bloodless Phlebotomist occupies a unique position in journalism. It is original, liberal, and exceptional. There is no other journal like it.

It is not wedded to one idea, nor is it hidebound nor prejudiced.

It says what it means and means what it says.

The Bloodless Phlebotomist circulates 208,000 copies each issue, reaching practically every English-speaking physician on the globe.

It is a journal worth cultivating.

Syrup Trifolium Compound with Cascara.

An effective combination of an alterative with a laxative.

The superiority of Syrup Trifolium Compound with Cascara must be apparent when its composition is noted. Each fluid ounce contains the active constituents of Red Clover Blossoms, 32 grains ; Lappa, 16 grains ; Berberis Aquifolium, 16 grains ; Xanthoxylum, 4 grains ; Stillingia, 16 grains ; Phytolacca Root, 16 grains ; Cascara Amarga, 16 grains ; Potassium Iodide, 8 grains ; and Cascara Sagrada, 40 grains. The dose is from one to two teaspoonfuls, three times a day.

While it is particularly indicated in the treatment of secondary syphilis, with or without mercury, Syrup Trifolium Compound with Cascara commends itself as a general alterative. In skin diseases it evidently stimulates the action of the emunctories, adjusts the balance of waste and repair, and produces marked improvement. Many

eruptive diseases are aggravated by constipation, induced by sedentary habits, and in such cases Syrup Trifolium Compound with Cascara P. D. & Co. may be regarded almost as a specific. While regulating the bowels and restoring natural peristalsis, it continues to exercise its alterative effect, which is enhanced by the elimination of waste products. In psoriasis and eczema, it may be found effective when other measures produce indifferent results.

In strumous cases its favorable effect may be supplemented by combinations of iodide of arsenic, bichloride of mercury, sulphide of calcium, or iron. As it is easily borne by the stomach and pleasant to the taste, it may be taken by children for a long time without giving rise to derangement of the stomach or producing nausea.

It also proves useful as a vehicle for calcium iodide in the acne of adolescents; iodide of mercury in specific ulceration of the fauces; and for the administration of large doses of iodide of potassium in tertiary syphilis. In anæmia, chlorosis, amenorrhœa, etc., the most favorable results are produced by alternating it with some iron preparation.

Latest Rheumatic Conditions

By J. R. PHELAN, M. D., Oklahoma City, Okla. Editor Oklahoma *Medical News Journal*.

It is during the spring months more particularly that the physician is called upon to treat patients, who, though not ill enough to be in bed, are not at all well. Their appetite is capricious, they

sleep indifferently, or even if they sleep soundly they are not refreshed, and in the morning they are almost as fatigued and ill at ease as was the case on retiring. Upon awakening, there is frequently an aching sensation in the loins, sometimes in the lower limbs, which may partially wear off as the day progresses, but there is at all times a vague, undefined, uneasy, painful feeling.

The symptoms are very much like those experienced in malaria, but the causes are entirely different, and a different treatment is necessary.

This condition arises from the fact that in the spring the eliminative functions do not present their usual activity owing to the torpor and locked-up secretions which have existed during the winter months, when the skin neglects its duties and the kidneys are overworked.

If the condition remains neglected, the probable result will be sooner or later a pronounced attack of rheumatism or grippe in one or another of its forms. All that is needed to induce such an attack is a sudden change in the weather or the exposure on the part of the patient to cold or wet, or to a combination of both. This is due to a latent rheumatic diathesis to which every adult is liable.

The necessity of a powerful eliminant in every prescription for rheumatism and grippe is self-evident. While antipyretics and anti-periodics may slightly stimulate the excretions and relieve congestion, thereby controlling certain features of the disease, a complete cure can not be expected until the poisons

are thoroughly eliminated from the system and the diseased organs enabled to resume normal functions.

In the treatment of all rheumatic, neuralgic, and grippy conditions, Tongaline, by promoting the absorptive powers of the various glands which have been clogged, and by its stimulating action upon the liver, the bowels, the kidneys, and the skin, will relieve the pain, allay the fever, eliminate the poisons, stimulate recuperation, and prevent sequelæ.

Proper Medication and Cheerful Company.

During the past two months we have met with more la grippe than anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved has been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism, and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed.

With each succeeding visitation of this trouble, we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes, and tonics rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia & salol tablets, two every three hours in the

stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from an antikamnia & codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents, the mental condition plays an important part, and the practitioner must not lose sight of its value. Cheerful company, change of scene, and pleasant occupation are all not only helpful, but actually necessary in curing the patient.

Spraying for Diseases of the Respiratory Passages.

Dr. David Walsh, senior physician to the Western Skin Hospital, London, writes:

Glyco Thymoline was brought to my notice as an excellent lotion for nasal and oral sprays and washes. On due inquiry it was found to fulfill the two conditions usually recognized by medical men in the United Kingdom as vouching for the character, so to speak, of such a preparation. First, its advertisements are accepted by our three leading journals, the Lancet, British Medical Journal, and the Medical Press and Circular. Secondly, its composition is not a secret, its formula being freely published. Under these circumstances, I determined to try the effect of this preparation in a few suitable cases. As a general antiseptic fluid that does not coagulate albumen, and is non-irritant, deodorant, and practically non-poisonous, Glyco-Thymoline

has clearly a wide range of usefulness. My own observation, however, has been practically confined to its use in the nose and mouth, with results that have proved satisfactory in every instance, especially in acute coryza, pharyngitis, influenza, and septic conditions of the mouth.

The Rationale of the Use of Iron in the Treatment of Phthisis.

It is a singular, yet significant, fact that, with the exception of a single disease there is always a slight diversity of opinion among physicians as to which one of a number of agents exercises the greatest curative influence upon a given disorder.

The one exception is phthisis. The entire profession is united in the conviction that pure air, more than any other one factor, exerts a controlling influence upon the development of phthisical manifestations. Indeed, physicians concur in the opinion that, with the proper quality and quantity of atmosphere, this most widespread and fatal of all human maladies can oftentimes be cured.

While the beneficial influences of climate upon phthisical individuals has long been recognized by the profession, a perfect understanding of the exact manner in which atmosphere arrests the progress of the disease is a comparatively recent acquisition.

The opinion at one time obtained that mountainous and elevated districts were beneficial to phthisical subjects on account of the elevation alone. Recent investigations have disproved this the-

ory. It is now an accepted fact that elevation, *per se*, is of little or no importance. On the contrary, the seashore is oftentimes better adapted to phthisical individuals than regions of a much higher altitude.

While it is true that the higher the altitude, the less prevalent is phthisis, the explanation is that atmospheric impurities are less abundant and ozone is more plenteous in such regions than elsewhere. In other words, it is conceded that the absence of atmospheric impurities and the presence of ozone are the chief elements in the cure of phthisis, and that any section, high or low, which affords these elements is advantageous to the phthisical individual.

The benefit derived by consumptives from living in or near pine forests, is a matter of common observation. The turpentine exhaled from pine trees converts oxygen into ozone, and the atmosphere is thus purified by the process of oxidation.

Having repeatedly proved that the direct inhalation of ozone is of little, if any, benefit, we are forced to the conclusion that it is not ozone which arrests the progress of phthisis, but the systemic oxidation which is brought to the maximum by the inhalation of a perfectly pure atmosphere.

In fine, we are now agreed that if systemic oxidation can, in any manner, be maintained at the proper standard of activity without exhausting the vital forces of the subject, the progress of phthisis can be checked, and very frequently completely cured.

Although the benefits derivable by

phthisical individuals from an atmosphere that is conducive to a full measure of systemic oxidation are immeasurably great, the fact remains that it is not always within the power of the physician to induce the patient to move to a region affording such an atmosphere. The patient may, through inability to pursue his vocation, be financially unable to make a change of residence, or he may be influenced by the optimism peculiar to phthisical subjects, to postpone the change until the disease has progressed too far.

When, for any reason whatever, it is not possible to change the abode of these subjects, it is within the power of the physician to check the progress of the disease by the augmentation of systemic oxidation.

While all forms of iron increase systemic oxidation by converting the oxygen in the economy into ozone, the mucous surface of the alimentary tract of phthisical subjects is usually too enfeebled to absorb iron unless it is presented in the organo-plastic form. For this reason, Pepto-Mangan (Gude) affords results which can not possibly be secured from any other preparation of iron.

In addition to promoting oxidation to a surprising degree, Pepto-Mangan (Gude) invigorates the digestive functions and increases the nutritive processes most markedly. The appetite of the patient is improved, the wasting is arrested, and the vital resources are greatly enlarged by the continued employment of the preparation.

It has been positively determined that the agent which uniformly and unfailingly neutralizes and counteracts

the rheumatic virus must be a natural product and not a synthetic one.

Oil of wintergreen contains 96 per cent. of methyl salicylate and a recognized authority has stated that he had never seen cyanosis follow the use of the salicylates from the natural oil, but only when the synthenic acid was used.

In the administration of the salicylates it is of the greatest importance that the acid should have been derived from the natural oil of wintergreen, which is the only kind of salicylic acid used in Tongaline.

RHEUMATIC DYSMENORRŒA.—

R Cimicifugæ, ʒ ij.
 Tinct. stramonii, ʒ ss.
 Tongaline, q. s. ad ʒ iv.

M. Sig. A teaspoonful in water at meal times.—*Ex.*

Pulmonary Consumption. Delhi Medico-Scientific Press.

This is a compilation of 195 pages treating of the early recognition, presentation, and successful treatment with modern hygienic and medicinal remedies and specific cures of pulmonary consumption. It is worthy of perusal and gives valuable hints.

STATE BOARD JOURNAL

publishes Current State Board examinations, requirements, dates and places of examinations, etc. Also notice of hospital, civil service, army and navy openings. Valuable to TEACHERS, EXAMINERS, CANDIDATES.

\$1.00 for twelve monthly issues.

921 Colorado Building, Washington, D. C.

Dr. J. T. Newman, of New Orleans, La., in a paper on "The Selective Action of Sanmetto upon the Genito-Urinary Apparatus," says: "I have used this remedy (Sanmetto) in all forms of cystitis and other affections of the urinary apparatus, but I desire more particularly to call attention to its value in chronic prostatitis, which occurs more especially among old men; and I can truly say, without exaggeration, that in my hands it has especially selective action upon the prostate. I am sure that any medical man, who will give Sanmetto an impartial trial, will become convinced of the truthfulness of this assertion."

INSOMNIA.

Insomnia may be the result of innumerable causes. Every physician realizes that a patient must sleep soundly to produce the rest demanded by the bodily organs, and refresh the brain before he can recover. Morphine and the bromides are unsatisfactory, because when their influence wanes, the consequent nervousness demands a renewal of the dose, and often results in a drug habit. In such cases, Daniel's Conct. Tinct. *Passiflora Incarnata* has given the greatest satisfaction. Being produced from the May-pop, which is both sedative and anti-spasmodic, it appeals directly to the nervous system, reduces any tension that may exist, and soothes to a normal condition. *Passiflora* cures insomnia, whether from melancholia from uterine sources, from cerebral congestion, from high arterial tension, or from hysteria, convulsions, worry, sorrow, or fear. *Passiflora* is

Nature's remedy—a true nervine—and instead of the dreaded after effects of opium, leaves the patient in a quiet and healthful state.

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price for all books.

The Eclectic Practice of Medicine.—By Rolla L. Thomas, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, O.; ex-President of the National Eclectic Association; Consulting Physician to the Seton Hospital. Illustrated with 2 lithographs in colors, 6 color prints, and 57 figures in black. 8vo., 1033 pages. Price, cloth, \$6.00; sheep, \$7.00. The Scudder Brothers Company, publishers, 1009 Plum Street, Cincinnati, O.

This is an excellent work. It is a work that reflects credit on the author and the Eclectic profession. More attention is given to pathology than in previous Eclectic productions on the practice of medicine. Where it most excels, however, is in the treatment of disease, making therapeutical application of remedies to pathological conditions. It is distinctively Eclectic, and should be in the hands of every student and in the library of every physician who desires to keep informed of the progress of Eclectic medicine and the most rational medication.

The World's Anatomists.—By G. W. H. Kemper, M. D. P. Blackiston's Son & Company.

This is a concise biographies of anatomic masters from 300 B. C. to the present time. It contains the history of two hundred and twenty-nine, and also the names of sixteen authors of works on anatomy. It is an interesting little work.

Food and the Principles of Dietetics.—

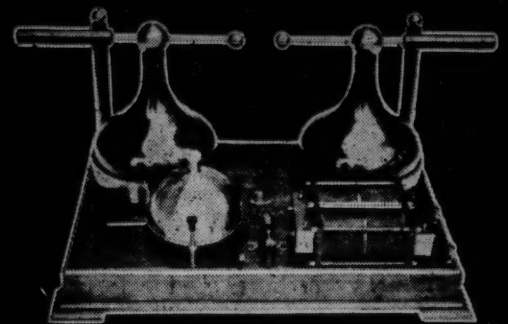
By Robert Hutchison, M. D., Edinburgh, F. R. C. P. Wm. Wood & Co., publishers. Price, \$3.00.

This is certainly one of the most valuable contributions to the literature of dietetics, and will be of interest not only to medical men, but to any one desiring an intelligent understanding of food and nutrition. After a discussion of foods in general and their relative values, the author takes up each class in detail, giving a clear and concise statement of the digestibility and nutritive value of each.

Methods of cooking and preparing

foods are discussed, and the principles of infant feeding and feeding in disease are carefully set forth.

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ELLA C. IRVING, Supt.

THE FAMILY LAXATIVE

THE IDEAL safe family laxative, known as SYRUP OF FIGS, is a product of the CALIFORNIA FIG SYRUP CO., and derives its laxative principles from senna, made pleasant to the taste and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by an original method of its own, and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name—**Syrup of Figs**—means to the medical profession “the family laxative, manufactured by the California Fig Syrup Co.,” and the name of the company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine—**SYRUP OF FIGS**. It is well known to physicians that SYRUP OF FIGS is a **simple, safe** and **reliable** laxative, which does not irritate or debilitate the organs on which it acts, and, being pleasant to the taste, it is especially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited.

SYRUP OF FIGS

Is never sold in bulk. It retails at fifty cents per bottle, and the name—SYRUP OF FIGS—as well as the name of the CALIFORNIA FIG SYRUP CO., is printed on the wrappers and labels of every bottle.

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Babcock, Heart, \$6.....	4.75
Park, Surg., 2 vols., \$9.....	4.50
Hemmeter, Stomach, \$6.....	4.50
Bryant, Operative Surg., 2 vols., \$10	8.00
Keen, Amer. Text-Book of Surg., \$8	4.50
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2 vols., \$12.....	7.50
Balby, Amer. Text-Book on Gynecology, 2d ed. \$7.....	5.00
Keating & Coe, Gynecology, \$7...	4.00
Am. Text Physiology, 2 vols., \$6.	4.50
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\$7	5.00
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Musser, Diagnosis, \$6.....	4.50
Butler, Diagnosis, \$6.50.....	4.75

REFERENCE BOOKS

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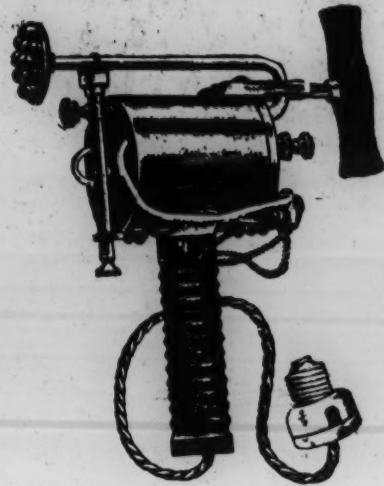
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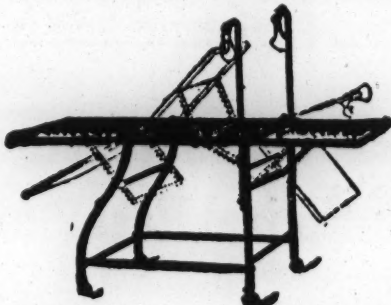


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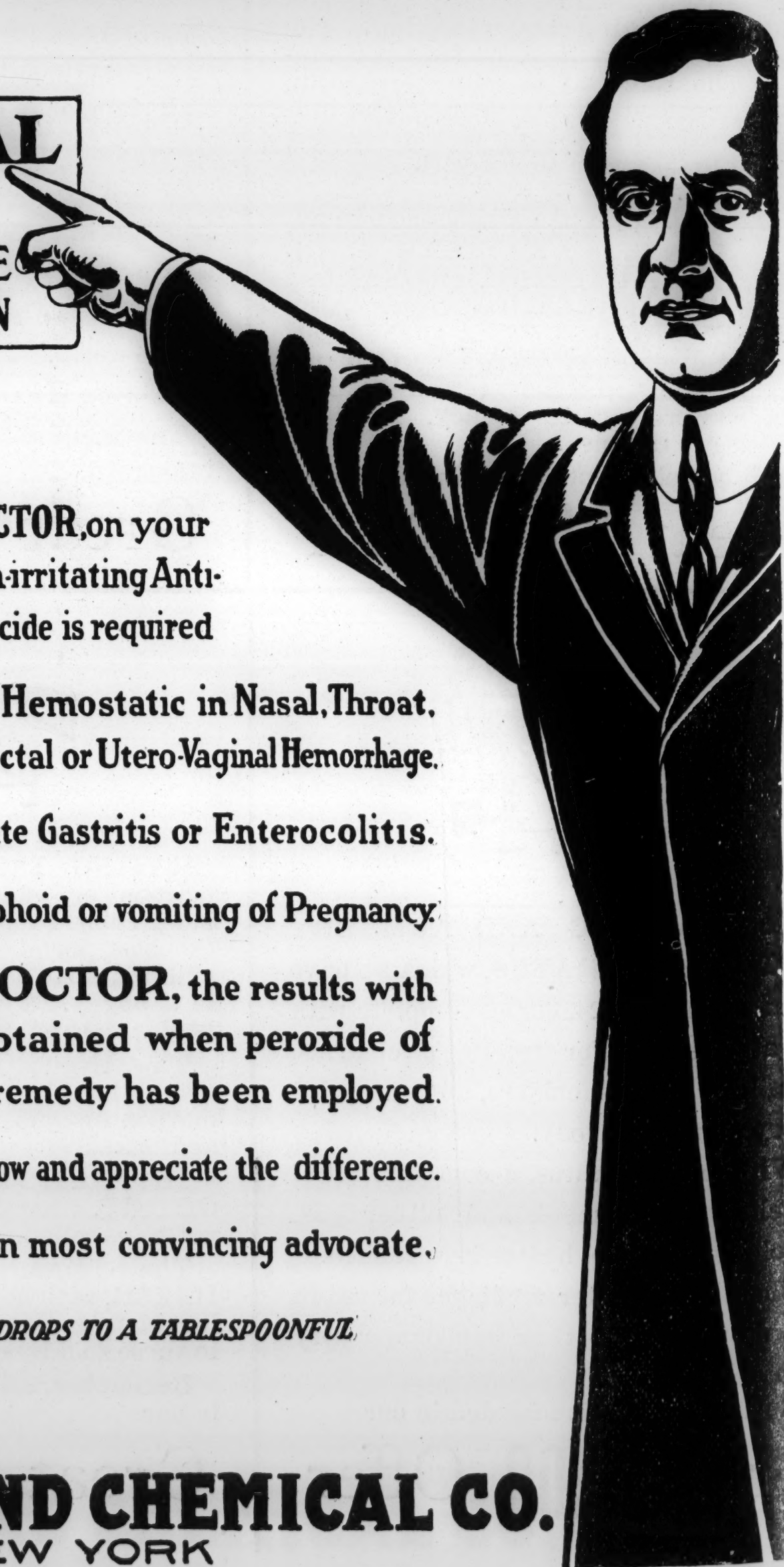
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